

Winston Arnsdorf
National Stage Processing
Patent Specialist
(703) 305-8421

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 10/049782	FILING DATE
						APPLICANT(S)	
CLAIMS							
AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.			
1	/	/	/				
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TOTAL IND.	12	1	9	1			
TOTAL DEP.	12	1	9	1			
TOTAL AIMS	13	1	10	1			
* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS							